

## STATEMENT OF ECONOMIC INTERESTS



## COVER PAGE

Date Initial Filing

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FAIR POLITICAL  
PRACTICES COMMISSION

Please type or print in ink.

NAME OF FILER

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(FIRST)

MARTINEZ

VICTORIA

15 APR -6 PM 4:09  
RENEE

## 1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF EL MONTE

Division, Board, Department, District, if applicable

EL MONTE CITY COUNCIL

Your Position

COUNCILWOMAN

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: SEE ATTACHED LISTING

Position: \_\_\_\_\_

## 2. Jurisdiction of Office (Check at least one box)

☐ State☐ Judge or Court Commissioner (Statewide Jurisdiction)☐ Multi-County \_\_\_\_\_☒ County of LOS ANGELES☒ City of EL MONTE☐ Other \_\_\_\_\_

## 3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2014, through  
December 31, 2014.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
December 31, 2014.☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)☐ The period covered is January 1, 2014, through the date of  
leaving office.☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
the date of leaving office.☐ Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

## 4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 5☐ Schedule A-1 - Investments - schedule attached☐ Schedule C - Income, Loans, & Business Positions - schedule attached☐ Schedule A-2 - Investments - schedule attached☒ Schedule D - Income - Gifts - schedule attached☐ Schedule B - Real Property - schedule attached☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

## 5. V

I have used all reasonable diligence in preparing this statement. I ha  
herein and in any attached schedules is true and complete. I ackno

I certify under penalty of perjury under the laws of the State of

Date Signed

3/31/15

(month, day, year)

# SCHEDULE D Income – Gifts

CALIFORNIA FORM **700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

V. MARTINEZ

▶ NAME OF SOURCE (Not an Acronym)

MILAGRO STRATEGY GROUP

ADDRESS (Business Address Acceptable)

556 S. FAIR OAKS AVE, STE 101

BUSINESS ACTIVITY, IF ANY, OF SOURCE

PASADENA, CA 91105

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

7/18/14 \$ 150 DINNER EVENT

10/22/14 \$ 250 DINNER EVENT

\_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)

MONARES GROUP

ADDRESS (Business Address Acceptable)

100 S. VINCENT AVE # 403

BUSINESS ACTIVITY, IF ANY, OF SOURCE

WEST COVINA, CA

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

2/26/14 \$ 80 BREAKFAST

\_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)

OLIVAREZ MADRUGA

ADDRESS (Business Address Acceptable)

100 S. FLOWER

BUSINESS ACTIVITY, IF ANY, OF SOURCE

LOS ANGELES, CA

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

1/13/14 \$ 30 LUNCH

7/31/14 \$ 25 LUNCH

11/13/14 \$ 30 LUNCH

▶ NAME OF SOURCE (Not an Acronym)

VALLEY VISTA SERVICES

ADDRESS (Business Address Acceptable)

17445 E. RAILROAD ST.

BUSINESS ACTIVITY, IF ANY, OF SOURCE

CITY OF INDUSTRY CA 91748

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

2/10/14 \$ 45 LUNCH

\_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)

PEPSICO

ADDRESS (Business Address Acceptable)

19700 S. FIGUEROA ST.

BUSINESS ACTIVITY, IF ANY, OF SOURCE

CARSON, CA 90745

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

3/4/14 \$ 126 EVENT TICKET

12/9/14 \$ 126 EVENT TICKET

9/11/14 \$ 65 LUNCH EVENT

▶ NAME OF SOURCE (Not an Acronym)

FESTIVAL COMPANIES

ADDRESS (Business Address Acceptable)

9041 AIRPORT BLVD, SUITE 700

BUSINESS ACTIVITY, IF ANY, OF SOURCE

LOS ANGELES, CA 90045

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

3/13/14 \$ 15 BREAKFAST

2/1/14 \$ 40 GIFT

\_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_

Comments: \_\_\_\_\_

# **SCHEDULE D** **Income – Gifts**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>V. MARTINEZ</u>
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▶ NAME OF SOURCE (Not an Acronym)  
LA YELLOW CAB  
 ADDRESS (Business Address Acceptable)  
2129 W. ROSECRAWS  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
GARDENA, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11.17.14</u>	<u>\$ 70</u>	<u>DINNER</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
LEAGUE OF CA CITIES  
 ADDRESS (Business Address Acceptable)  
100 K STREET #400  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
SACRAMENTO, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9.5.14</u>	<u>\$ 40</u>	<u>LUNCH</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym) ELECTRICAL  
IBEW INT'L BROTHERHOOD OF WORKERS  
 ADDRESS (Business Address Acceptable) LOCAL  
297 N. MABENGO AVE 11  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
PASADENA, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9.27.14</u>	<u>\$ 240</u>	<u>EVENT TICKET / FOOD / BEVERAGE</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>V. MARTINEZ</u>

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym) LOCAL GOVERNMENT COMMISSION

ADDRESS (Business Address Acceptable) 1303 J. STREET, SUITE 250

CITY AND STATE SACRAMENTO, CA 95814-2936

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 2/12/14 - 2/16/14 AMT: \$ 744.13  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description CONFERENCE SCHOLARSHIP

▶ NAME OF SOURCE (Not an Acronym) SANITATION DISTRICT

ADDRESS (Business Address Acceptable) 1955 WORKMAN MILL RD.

CITY AND STATE WHITTIER CA 90607

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ 15.42  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description MILEAGE FOR MEETINGS ATTENDED

▶ NAME OF SOURCE (Not an Acronym) LATINO WATER EDUCATION FOR LEADERS

ADDRESS (Business Address Acceptable) 930 COLORADO BLVD, BLDG 2

CITY AND STATE LOS ANGELES, CA 90041

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 3/28/14 - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ 400  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description CONFERENCE SCHOLARSHIP

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments: \_\_\_\_\_

Victoria Martinez: Form 700, Statement of Economic Interests

Other Agencies:

- 1) City of El Monte
  - a. El Monte Public Financing Authority Agency
  - b. El Monte Public Facility Corporation
  - c. El Monte Housing Authority Agency
  - d. El Monte Water Authority
- 2) (ICRMA) Independent Cities Risk Management Association
- 3) County Sanitation Districts No. 15 of Los Angeles County
- 4) Foothill Transit Zone
- 5) (SCAG) Southern California Association of Governments
- 6) (LACMTA) Los Angeles METRO Transportation Authority